

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

SLA 21/40006

Date In: 04/01/2005 15:06	Job description	Date & Time Completed	Done by
Ref No: NIA 21000058	SAS e-filing		
Veh No: SLF 9491H	E-mail (Legal 3hrs, A/C 2hrs)		
D.O.A: 03/01/2005 12:38	I-Motor Claims Form	01/11/2005 15:00	04/01/2005 15:14
OID: TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Jurisdiction: (	Veh No: SLF 69601	INC () / Non-INC ()
Owner / Driver: (	Tel: (
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	%) [Note: Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date: ()

Time: ()

Location: ()

NIA 2100540	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	
Contact No:	3) TP: Towing Fee (\$120)	
Damaged Portion:	4) PT: Follow-Through Survey (\$30)	
QC Checked by (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey) (\$30)	
	6) TR: Re-inspection (\$160)	
	7) NI: Idea DA + SMRT Survey (\$30)	
	8) NI: UC Additional Services (\$30)	
	9) NI: Idea Mobile (\$30)	
	10) NI: Idea Mobile (\$30)	
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	18) NI: Idea Mobile (\$30)	
	19) NI: Idea Mobile (\$30)	
	20) NI: Idea Mobile (\$30)	

Fee Charged

Fee Charged

Invoice dated

Invoice dated

2/2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	04/01/2021 15:06 (SGT)
Date of Accident	03/01/2021 12:38 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BETWEEN BRADDELL EXIT TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9491H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HO HUI MIN GRACINA
Company Reg No	SXXXX158G
Email Address	gracina86@yahoo.com
Mobile Phone No	(Phone) +65-81682622
Alternative Phone No	+65-81682622

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108412189-01
Cover Note Number	-

DRIVER

Name of Driver	HO HUI MIN GRACINA
Company Reg No	SXXXX158G

Date Of Driving Pass	07/09/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81682622
Alt. Phone Number	+65-81682622
Email Address	gracina86@yahoo.com
Address	BLK 263 BISHAN STREET 22 #16-265
Address complement	-
Postcode	570263
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FRIEND
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL6960T
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number	(Phone) +65-90609885
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims,

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

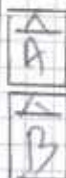
Witnessed by Reporting Centre Personnel

Sketch Plan

C1K BAWHWA BRADDAH EXIT TOWARD RH

A) SGL 9491H

B) SGL 6960T




Describe Circumstances of the Accident

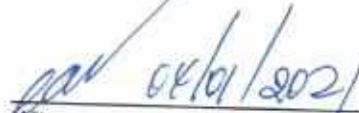
I was in lane 4 of CTE, just exited from
bratelle. The car in front of me brake stopped,
hence I applied my brakes. As I was moving off,
A car hit me from the back.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel

copy of PRK

ACCIDENT STATEMENT

ACCIDENT DATE: (03/01/2021) (DD/MM/YYYY), TIME: (12:38) (HH:MM)

LOCATION: CTE between braddell exit, towards PTE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF9491H
b) INSURANCE COMPANY: NTC Income Insurance Co-operative Limited
c) POLICY NUMBER: 5108412189
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan Note
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ho Hui Min, Evacina (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S86245919 CONTACT: 81682622
c) ADDRESS: Blk 263 Bishan Street 22 #16-265
Singapore 570263

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ho Hui Min, Evacina (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S86245919 CONTACT: 81682622
c) ADDRESS: Blk 263 Bishan Street 22 #16-265
Singapore 570263

*d) DATE OF BIRTH: (18/09/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/09/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: B21954169607 MODEL: Toyota WRN
b) DRIVER'S NAME: Tan Siew Kheng
c) NRIC/FIN/PASSPORT: S01799331 CONTACT: 90609985

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = gracina86@yahoo.com

VIDEO

Claim Handling

Accident MT/1115956

Policy No.	5108412189-01	Vehicle No.	SLF9491H	GST Registration No.
Certificate No.				
Policyholder Name	HO HUI MIN GRACINA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81682622	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	04/01/2021 15:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2021	Time of Accident hh:mm	13:38	Country of Accident
Reporting Centre		Orange Force		ICH No.
Accident Location	CET BETWEEN BRADDELL EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 263 #16-265	Address 2	BISHAN STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108412189-01	

▼ OI Driver Info

Driver Name	HO HUI MIN, GRACINA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9624158G	Driver DOB
Register Date of Driver License	07/09/2010	Driver Age	34	Driving Experience
Contact No.(Mobile)	81682622	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 263 #16-265	Address 2	BISHAN STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLF9491H	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	
Contact No. Finalisation	<input type="text"/>	Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered						04/01/2021 15:13	

OD-MX	Insured Name	HO HUI MIN
81682622	Contact No. (Home)	NIL
GRACINA86@YAHOO.COM	Vehicle Number	SLF9491H
SLF9491H / SGL6960T ON 3 Jan 2021		

1/4/2021

Claim Handling(accident reporting Claim Task)

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1115956

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

04/01/2021 15:14

Path *

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Remove Photo

Category *

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Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Desc

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n 04 Jan 2021 15:14

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n 04 Jan 2021 15:13

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Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Policy Query

Policy No.

Date of Accident:

03/01/2021 13:03

Vehicle No. (For Motor)

SLF9491H

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108412189-01		HO HUI MIN GRACINA	S8624158G	GPC	drive CLASSIC	SLF9491H	SLF9491H	27/03/2020	26/03/2021

Continue